

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE			
							APPLICANT(S)					
CLAIMS							*		*			
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/						51					
2	/						52					
3							53					
4							54					
5							55					
6							56					
7							57					
8	/						58					
9	/						59					
10							60					
11							61					
12							62					
13							63					
14							64					
15	/						65					
16	/						66					
17							67					
18							68					
19							69					
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22							72					
23							73					
24	/						74					
25							75					
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36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	/	/					TOTAL IND.					
TOTAL DEP.	/	/					TOTAL DEP.					
TOTAL CLAIMS	24						TOTAL CLAIMS					